

11-10-39
5-17-39
1 X214821

AUG 14 1940

Registration District No. **218**

Primary Registration District No. **3015**

Registrar's No. **66**

1. PLACE OF DEATH:

(a) County **Cass**
(b) City or town **Boonville Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
St. Joseph Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days**
(Specify whether
In this community **2 days**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Cass**
(c) City or town **Case Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.F.D.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **✓** years.

3. (a) PRINT FULL NAME **Fredie Ray Haerberle**

3. (b) If veteran, name war **✓** 3. (c) Social Security No. **✓**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife **✓** 6. (c) Age of husband or wife if alive **✓** years

7. Birth date of deceased **NOV 14 1919**
(Month) (Day) (Year)

8. AGE: Years **21** Months **5** Days **25** If less than one day hr. **✓** min. **0**

9. Birthplace **CASSE MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business **✓**

12. Name **FRED HAEBERLE**

13. Birthplace **CASSE MO**
(City, town, or county) (State or foreign country)

14. Maiden name **ETHEL WIRCHAEGER**

15. Birthplace **JONESBURG MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred Haerberle**

(b) Address **CASSE MO**

17. (a) **BURIAL** (b) Date thereof **7/11-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CASSE MO**

18. (a) Signature of funeral director **HERMANN BLUMER**

(b) Address **HERMANN MO**

19. (a) **7-9-40** (b) **W. Haerberle**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **9** of year **1940** hour **9 30** minute **2** A.M.

21. I hereby certify that I attended the deceased from **July 4** 1940 to **July 9** 1940 that I last saw him alive on **July 9** 1940 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**

Due to **Acute Edematous Sexual years ago**

Other conditions **hepatitis**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **no**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

107 While at work? (Specify type of place) (e) Means of injury

23. Signature **W. Haerberle** M.D. or other

Address **Boonville MO** Date signed **7/9/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

132

RECEIVED
District Health Officer No. 8,
District File Number
8-8-40
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24987**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **218**

Primary Registration District No. **3015**

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Copper**
(b) City or town **Boonville Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **Fredie Ray Haerberle**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **s**

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years **21** Months **5** Days **23** If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

DEGREE OF CERTIFICATION

20. DATE OF DEATH: Month **July** day **9** year **1940** ho _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____ that I last saw h. _____ alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death **Myo Carditis**
Acute Rheumatism
Several yrs ago
Due to _____
Due to _____

Other conditions **nephritis**
(Include pregnancy within 3 months of death)

Major findings: **Chronic Nephritis**
Of operations **(8-31-40 Dr)** 121

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature **C. H. Van Patten**
Address **Boonville** Date signed _____

SUPPLEMENTAL

